

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	H.H.		6-15-61
O.I.P.E. CLASSIFIER			6-15-61
FORMALITY REVIEW	S.H.		6-15-61
RESPONSE FORMALITY REVIEW			

T-1035  
31049 U.S. 310391 Pro

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here

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